

1414

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/669899	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1		1			53						
4		1		1			54						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		1	2				TOTAL IND.		1				
TOTAL DEP.			9				TOTAL DEP.			1			
TOTAL CLAIMS			11				TOTAL CLAIMS			2			